

CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

82205

CLAIMS	AS FILED		AFTER FIRST AMENOMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
3						
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18						
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20						
21						
22						
23						
24						
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31						
32						
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41						
42						
43						
44						
45						
46						
47	1					
48		1				
49		1				
50		1				
Total Indep	2					
Total Depend	10					
Total Claims	12					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51						
52		1				
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99						
100						
Total Indep						
Total Depend						
Total Claims						